

City of Atlanta  
Department of Planning and Community Development  
Office of Planning, Suite 3350  
(404) 330-6145

SUBMITTAL CHECKLIST  
for  
**SPECIAL USE APPLICATION**

- \_\_\_\_\_ 1. Submit completed **APPLICATION** with notarized signatures.
- \_\_\_\_\_ 2. Submit **IMPACT ANALYSIS** (see pages 3-4).
- \_\_\_\_\_ 3. Submit notarized **AUTHORIZATION(S) OF PROPERTY OWNER(S)**, if the applicant is not the owner of the property. The applicant is the person who appears in person at the Office of Planning to file the application. (see page 6).
- \_\_\_\_\_ 4. Submit **AUTHORIZATION OF ATTORNEY**, if an attorney is filing the application on behalf of the property owner (see page 7).
- \_\_\_\_\_ 5. Submit a written **LEGAL DESCRIPTION** in metes and bounds and a copy of a survey ("plat of survey"). **Application will not be accepted without a legal description on a separate 8 1/2 x 11 piece of paper.**
- \_\_\_\_\_ 6. Submit **eighteen (18) folded** copies of a **SITE PLAN** prepared by a registered professional (see pages 4 & 9).
- \_\_\_\_\_ 7. Submit eighteen (18) folded copies of a building plan with room layout and bed placement for residents, for **personal care homes only**.
- \_\_\_\_\_ 8. File application with Office of Planning Current Planning Division.
- \_\_\_\_\_ 9. Pay \$400.00 fee (see page 8). Make checks payable to "City of Atlanta".
- \_\_\_\_\_ 10. Staff will provide you with a copy of the **NOTICE TO APPLICANT** regarding the Zoning Review Board (ZRB) hearing date, meeting dates, and the Neighborhood Planning Unit (NPU) contact person.
- \_\_\_\_\_ 11. Consult with NPU contact person and attend necessary meeting(s), including any applicable neighborhood association meetings, **prior to** the ZRB public hearing.
- \_\_\_\_\_ 12. Attend Zoning Review Board (ZRB) public hearing.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

**APPLICATIONS ARE ACCEPTED DURING NORMAL DESK HOURS**  
**MONDAY FROM 8:30AM – 1:00PM**  
**TUESDAY-THURSDAY FROM 8:30AM – 3:00PM**

**ON THE LAST DAY OF THE APPLICATION PERIOD (CLOSING DAY), APPLICANTS MUST SIGN IN AT THE OFFICE OF PLANNING BY 2:00 P.M. TO ENSURE PROCESSING AND SCHEDULING FOR THE CORRESPONDING PUBLIC HEARING DATE (SEE ATTACHED PUBLIC HEARING SCHEDULE).**

# APPLICATION FOR SPECIAL USE PERMIT

City of Atlanta

Date Filed \_\_\_\_\_

Application Number \_\_\_\_\_

I Hereby Request That The Property Described in this Application be granted a Special Use Permit

Name of Applicant \_\_\_\_\_

Last Name

First Name

M.I.

Address \_\_\_\_\_ Street Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Name of Property Owner \_\_\_\_\_

Last Name

First Name

M.I.

Address \_\_\_\_\_ Street Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

## Description of Property

Street Address of Property \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Property is zoned: \_\_\_\_\_ Council District: \_\_\_\_\_ Neighborhood Planning Unit: \_\_\_\_\_

(optional) The subject property fronts \_\_\_\_\_ feet on the \_\_\_\_\_ side of

\_\_\_\_\_, beginning \_\_\_\_\_ feet from the \_\_\_\_\_

corner of \_\_\_\_\_

Depth: \_\_\_\_\_

Area: \_\_\_\_\_

Land Lot: \_\_\_\_\_

Land District: \_\_\_\_\_

## INSTRUCTIONS

### A. SUMMARY OF PROPOSED PROJECT. What kind of special use would you be operating?

\_\_\_\_\_ personal care home                      \_\_\_\_\_ rehabilitation center                      \_\_\_\_\_ day care center  
\_\_\_\_\_ assisted living facility                      \_\_\_\_\_ nursing home                      \_\_\_\_\_ church  
\_\_\_\_\_ other: (describe): \_\_\_\_\_

### B. IMPACT ANALYSIS. Type or legibly print on a separate piece of paper a complete and descriptive response to each one of the following questions:

#### 1. Ingress and Egress:

- a. How will employee and client vehicles enter and leave the property?
- b. How will emergency vehicles (fire, police, and ambulance) gain access to the property?
- c. Will the way in which vehicles enter and leave the property cause traffic congestion? Why or why not?

#### 2. Off-Street Parking and Loading:

- a. How will the operator of the facility dispose of refuse and garbage? What kind of containers would be used? Will the City or a private garbage disposal service be used? How often will the service pick up the garbage?
- b. How will products and supplies be delivered to the facility?
- c. Where and how will service personnel (such as electric and gas maintenance personnel) park their vehicles and gain access to the property for routine maintenance?
- d. How will employees and clients park their vehicles and gain access to the property.

#### 3. Buffering and Screening:

- a. How will adjoining properties be buffered or screened from any noise or glare from lights that might be generated from the facility?
- b. How many vehicles will travel to and from the facility every day? Are you planning to make any road improvements to accommodate heavy traffic to and from the facility?

#### 4. Hours and Manner of Operation:

- a. Proposed Use of Site? Please state exactly and in detail what is intended to be done on, or with the property.
- b. What will be the hours and days of the week during which the facility will be open?
- c. How many employees will be employed at the facility? Include the number of shifts and number of employees per shift.
- d. How many clients will be served by the facility, and what will be their ages?
- e. Will you offer meals; and if so, when will they be offered?
- f. Will there be any other special programs offered at the facility; and if so, will they cause vehicles to park at or on the site?

5. Duration of Special Use Permit:

- a. How long would you like the special use permit to last (for example: 3 years, 5 years, indefinitely, etc.)?

6. Tree Preservation and Replacement:

- a. Will any trees be damaged or cut down to accommodate renovation or new construction at the facility? If so, how will recompense for the trees be furnished? (Please consult with the City Arborist, (404) 330-6874, about this issue.)

7. Required Yards and Open Spaces:

- a. Will there be any additions to the existing facility structure, and if so, would they encroach into any required yard setbacks or required open space? (Please consult with the Office of Planning, Current Planning Division staff to find out the yard setback requirements or open space requirements for the property.)

**C. PROPERTY DESCRIPTION.** A copy of a recent plat of survey prepared by an engineer or land surveyor registered in the State of Georgia must accompany each application. In addition, a written legal description must be submitted. In cases involving more than one contiguous property, a consolidated legal description of the property must be submitted.

**D. SITE PLAN.** This application must be accompanied by a detailed site plan which shows the following: 1) exact lot dimensions, 2) adjoining street (s), 3) location and dimensions of buildings and structures, 4) location of entrances to buildings, 5) any changes to be made to the site, 6) the specific use of each building and structure, 7) size and location of parking spaces, driveways and /or curb cuts, 8) location of mature trees, 9) north arrow, and 10) scale. An example of an acceptable site plan is attached. Additional information may be requested by the staff.

The site plan must be prepared, signed and sealed by a State of Georgia registered architect, engineer, or landscape architect, or by a planner who holds membership in the American Planning Association. The person who prepares the site plan must indicate the following on the site plan:

- 1) His or her state registration number,
- 2) The following statement: "I am familiar with the City of Atlanta Zoning Ordinance, including revisions, and I certify that to the best of my ability, these plans are accurate and comply with the general and district regulations of the zoning ordinance", and
- 3) His or her original signature.

**E. FLOOR PLAN (PERSONAL CARE HOMES ONLY).** Submit a floor plan showing the room layout of personal care homes, drawn to scale. All personal care homes must provide at least 80 square feet of personal living space per resident or that amount required by the State of Georgia for the licensing of personal care homes, whichever is greater.

**F. TREE PRESERVATION.** If any trees will be damaged or removed, please consult the City Arborist, (404) 330-6150, in accordance with the City's Tree Ordinance.

**G. SUBMITTAL SCHEDULE AND HEARING DATES.** See attached Zoning Review Board Schedule.

**H. MEETING WITH NEIGHBORHOOD PLANNING UNIT.** (NPU) You must contact the appropriate Neighborhood Planning Unit (NPU) within two business days after filing your special use permit application to find out which neighborhood and NPU meetings to attend prior to the public hearing of the Zoning Review Board. Staff will provide you the name and phone number of the contact for the NPU at the time when you file your application.

**I. FEES.** All special use permit applications require a fee of \$400.00. Checks should be made payable to the City of Atlanta.

## **AUTHORIZATION TO INSPECT PREMISES**

**With the signature below, I authorize the staff of the Office of Planning of the City of Atlanta to inspect the premises, which are the subject of this special use permit application.**

I swear and affirm that the information contained in this application is true and accurate to the best of my knowledge and belief.

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**Owner or Agent of Owner (Applicant)**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

\_\_\_\_\_(Notary Public)

**AUTHORIZATION BY PROPERTY OWNER**

(Required **only** if applicant is not the owner of property subject to the proposed Special Use Permit)

I, \_\_\_\_\_(OWNER'S NAME)

**SWEAR AND AFFIRM THAT I AM THE OWNER OF THE PROPERTY AT** \_\_\_\_\_  
\_\_\_\_\_(PROPERTY ADDRESS).

**AS SHOWN IN THE RECORDS OF \_\_\_\_\_ COUNTY, GEORGIA, WHICH  
IS THE SUBJECT MATTER OF THE ATTACHED APPLICATION. I AUTHORIZE THE  
PERSON NAMED BELOW TO FILE THIS APPLICATION AS MY AGENT.**

**NAME OF APPLICANT**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ STREET NAME \_\_\_\_\_ SUITE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

**TELEPHONE NUMBER**

AREA CODE (     ) NUMBER \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Print name of owner

Personally Appeared Before Me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

## **AUTHORIZATION OF ATTORNEY**

**I SWEAR AND AFFIRM, AS AN ATTORNEY AT LAW, THAT I HAVE BEEN AUTHORIZED BY THE OWNER OF THE PROPERTY SUBJECT TO THE PROPOSED REZONING TO FILE THIS APPLICATION.**

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SIGNATURE OF ATTORNEY

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NAME

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ADDRESS

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CITY

STATE

ZIPCODE

---

TELEPHONE NUMBER

**FEE SCHEDULE** (Special Use Permit applicants refer to item B. below)

**A. REZONING APPLICATIONS.** Rezoning application fees shall be based on the zoning district for which an applicant applied and upon the size of the property for which the application is made to the following schedule:

<b>1.) To R-1, R-2, R-2A, R-2B, R-3, R-3A, R-4, R-4A, or R-4B</b>	\$ 500.00 All Classifications
<b>2.) To R-5, RG, PDH, or MR</b>	
1 acre or less	\$500.00
1+ to 5 acres	\$625.00
5+ to 10 acres	\$750.00
10+ acres	\$1250.00
<b>3.) To R-LC, O-I, C-1, C-2, C-4, C-5, I-1, &amp; or I-2</b>	
1 acre or less	\$1000.00
1+ to 5 acres	\$1500.00
5+ to 10 acres	\$2000.00
10+ acres	\$3000.00
<b>4) To C-3, PD-OC, PD-MU, or PD-BP</b>	
1 acre or less	\$3000.00
1+ to 5 acres	\$4500.00
5+	\$6000.00
<b>5) To any Special Public Interest (SPI) District</b>	\$3000.00
<b>6) To LW, MRC or NC</b>	
1 acre or less	\$3000.00
1+ to 5 acres	\$4500.00
5+	\$6000.00
<b>B. SPECIAL USE PERMITS</b>	\$400.00 All Classifications
<b>C. SITE PLAN AMENDMENT APPLICATIONS.</b> Site Plan Amendment fees shall be based on the zoning district in which the subject property is located and upon the size of the property for which the application for amendment is made, based on the following schedule:	
<b>1) In R-1, R-2, R-2A, R-2B, R-3, R-3A, R-4, R-4A or R-4B</b>	\$500.00 All Classifications
<b>2) In R-5, RG, PD-H or MR</b>	
1 acre or less	\$500.00
1+ to 5 acres	\$625.00
5+ to 10 acres	\$750.00
10+ acres	\$1250.00
<b>3) In R-LC, O-I, C-1, C-2, C-4, C-5, I-1, or I-2</b>	
1 acre or less	\$1000.00
1+ to 5 acres	\$1500.00
5+ to 10 acres	\$2000.00
10+ acres	\$2500.00
<b>4) In C-3, PD-OC, PD-MU, or PD-BP</b>	
1 acre or less	\$2500.00
1+ to 5 acres	\$3250.00
5+	\$4000.00
<b>5) In any SPI District</b>	\$3250.00
<b>6) To LW, MRC or NC</b>	
1 acre or less	\$3000.00
1+ to 5 acres	\$4500.00
5+	\$6000.00
<b>D. TRANSFER OF OWNERSHIP APPLICATIONS</b>	\$200.00 All Classifications
<b>E. COMPREHENSIVE DEVELOPMENT PLAN (CDP) AMENDMENTS.</b> Applications for Rezoning or Site Plan Amendments that are deemed by the Office of Planning to require consideration by the City Council to change the Land Use Element of the CDP shall require, in addition to fees stated elsewhere, a fee of \$1000.00	



# SITE PLAN REQUIREMENTS

All site plans must be folded to no larger than 8 1/2" x 14".

## **ALL SITE PLANS**

- Property lines of all lots
- Adjoining streets w/street names, adjoining alleys
- Professional's signature, seal, or registration number
- Scale, north arrow, date, and revision date(s)
- Site Plan Specifications (show all applicable specifications on the site plan in chart form – see attached sheet)

(include as applicable):

- Sidewalks (required for all new construction)
  - show trees, landscaped strips, & street furniture (including streetlights)
- Footprints (outlines) of existing & proposed buildings, structures, additions
- Building entrance locations
- Parking lots, parking structures, and loading spaces and areas
  - show striping of parking. spaces on parking. lots
  - show landscaping of parking lots
- Curb cuts, driveways (indicate one-way or two-way), parking pads, turnarounds
- Bicycle/moped spaces or racks
- Van, shuttlebus, taxicab parking spaces or waiting areas
- Location and height of walls & fences
- Location and dimensions of landscaped buffers and landscaping screens
- Front, side, rear yard setbacks (dimensioned)
- Recreation facilities such as pools
- Location of dumpsters & garbage cans
- Crosswalk paving and driveway medians & refuge areas
- Arrows showing directions of vehicular circulation



**OFFICE OF PLANNING  
2011 ZONING REVIEW BOARD SCHEDULE  
6:00 PM-CITY HALL-CITY COUNCIL CHAMBERS, SECOND FLOOR**

<b>APPLICATION PERIOD</b>	<b>ZONING REVIEW BOARD PUBLIC HEARING</b>	<b>ZONING COMMITTEE</b>	<b>CITY COUNCIL</b>
October 13, 2010 – November 9, 2010	January 6, 2011 or January 13, 2011	TBD	TBD
November 10, 2010 – December 7, 2010	February 3, 2011 or February 10, 2011	TBD	TBD
December 8, 2010 – January 11, 2011	March 3, 2011 or March 10, 2011	TBD	TBD
January 12, 2011 – February 8, 2011	April 7, 2011 or April 14, 2011	TBD	TBD
February 9, 2011 – March 8, 2011	May 5, 2011 or May 12, 2011	TBD	TBD
March 9, 2011 – April 12, 2011	June 2, 2011 or June 9, 2011	TBD	TBD
April 13, 2011 – May 10, 2011	July 7, 2011 or July 14, 2011	TBD	TBD
May 11, 2011 – June 7, 2011	August 4, 2011 or August 11, 2011	TBD	TBD
June 8, 2011 – July 12, 2011	September 1, 2011 or September 8, 2011	TBD	TBD
July 13, 2011 – August 9, 2011	October 6, 2011 or October 13, 2011	TBD	TBD
August 10, 2011 – September 13, 2011	November 3, 2011 or November 10, 2011	TBD	TBD
September 14, 2011 – October 11, 2011	December 1, 2011 or December 8, 2011	TBD	TBD

**APPLICATIONS ARE ACCEPTED UNTIL 2:00 PM ON THE LAST DAY OF THE APPLICATION PERIOD**  
**Charletta Wilson Jacks, Director/Secretary to the Zoning Review Board – Bureau of Planning**  
**Racquel T. Jackson, Urban Planner**  
**(404) 330-6145**

**THE DATES FOR THE ZONING COMMITTEE AND CITY COUNCIL WILL BE CONFIRMED**  
**UPON RECEIPT OF THE CITY COUNCIL 2011 CALENDAR**